

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

10 ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2008 OCT 31 AM 8:45

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEAD

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
MR. WES WHITEAD

Political Party (if applicable)
DEMOCRAT

Office Sought
LEGISLATOR

District (if Senate or House)
1A HOUSE DIST. 1

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1444
Logged In	3
Scanned	
Computer	
Audited	6 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

(712) 355-8074

TELEPHONE

10/31/08

DATE SIGNED

I AM FILING A 10/31/08

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1,952.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

6,332.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 8,284.47

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

200.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 8,084.47

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 39,000.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WILHELM

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/15/08	ID# 9751 CK# 1009	IOWA QUARTER HORSE RACING 3535 E. COURT AVE. DES MOINES, IA 50317		\$250.00	<input type="checkbox"/>
10/16/08	ID# CK# 1356	MR. BRADFORD KOLLARS 402 BENSON BUILDING SIOUX CITY, IA 51101		100.00	<input checked="" type="checkbox"/>
10/16/08	ID# CK# 8815	MS. JACKIE WARNSTADT 4628 CENTRAL AVE. SIOUX CITY, IA 51108		25.00	<input checked="" type="checkbox"/>
10/16/08	ID# 6144 CK# 437	NW IOWA LABOR COUNCIL COPE FUND 3038 S. LAKEPORT, SUITE 100 SIOUX CITY, IA 51106		150.00	<input type="checkbox"/>
10/16/08	ID# 9673 CK# 1506	UFCW, LOCAL 1142 POLT. FUND P.O. BOX 3151 SIOUX CITY, IA 51102		1,500.00	<input type="checkbox"/>
10/17/08	ID# CK# 2011	MS. KAREN H. HAVLICEK P.O. BOX 861, 603 JACKSON ST. MOVILLE, IA 51039		10.00	<input checked="" type="checkbox"/>
10/17/08	ID# CK# 3245	MR. ERIC M. NEWHOUSE 108 -24TH ST., APT. C SIOUX CITY, IA 51104		15.00	<input checked="" type="checkbox"/>
10/17/08	ID# CK# 4077	MR. KENNETH A. BEEKLEY 603 E. ST. ANDREWS DAKOTA DUNES, SD 57049		100.00	<input checked="" type="checkbox"/>
10/17/08	ID# CK# 3718	MR. DAVID SOMSKY 4518 - 4TH AVE. SIOUX CITY, IA 51106		10.00	<input checked="" type="checkbox"/>
10/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 2,170.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEAD

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		\$10.00	<input checked="" type="checkbox"/>
10/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
10/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
10/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
10/17/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
10/18/08	ID# CK# 2718	QUAD CITY FED. OF LABOR - COPE FUND 2835 - 7TH AVE. ROCK ISLAND, IL 51201		3,000.00	<input type="checkbox"/>
10/18/08	ID# CK# 1353	MR. DAVID PALMER 213 SW FLYNN DR. ANKENY, IA 50023		50.00	<input type="checkbox"/>
10/18/08	ID# CK# 6108	DR. ROBERT E. DUNKER 513 BLUESTEM TRL. DAKOTA DUNES, SD 57049		25.00	<input type="checkbox"/>
10/18/08	ID# CK# 6872	MS. JULIENE H. STOIK 4557 HAMILTON BLVD. SIOUX CITY, IA 51104		25.00	<input type="checkbox"/>
10/18/08	ID# 524 CK# 6095	IA STATE COUN. OF MACH. - POLT. FUND 2000 WALKER DES MOINES, IA 50317		400.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3,590.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEHEAD

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/18/08	ID# 6067 CK# 3946	IOWA HEALTH PAC 6750 WESTOWN PARKWAY #100 W. DES MOINES, IA 50266		\$100.00	<input type="checkbox"/>
10/21/08	ID# 6282 CK# 1783	HY-VEE EMPLOYEE'S PAC 5820 WESTOWN PARKWAY W. DES MOINES, IA 50266		100.00	<input type="checkbox"/>
10/21/08	ID# CK# 3264	BARBARA A. REDMOND 3700 JACKSON ST. SIOUX CITY, IA 51104		25.00	<input type="checkbox"/>
10/21/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		17.00	<input type="checkbox"/>
10/22/08	ID# 6331 CK# 1066	TEAMSTERS LOCAL #554, IOWA DRIVE 4349 S. 90TH ST. OMAHA, NE 68127		250.00	<input type="checkbox"/>
10/23/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input type="checkbox"/>
10/23/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input type="checkbox"/>
10/23/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input type="checkbox"/>
10/23/08	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 572.00	
TOTAL (If last page of this schedule)				\$ 6,332.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEAD

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/23/08	ID# CK# 1109	CABLE ONE 900 STEUBEN STREET SIOUX CITY, IA 51101	PRODUCTION COST FOR ADVERTISEMENT	\$ 200.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 200.00
TOTAL (if last page of this schedule)				\$ 200.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT WES WHITEHEAD

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/20,23/08	HOUSE TRUMAN FUND 5661 FT. FUR DR. DES MOINES, IA 50321	N/A	MEDIA BUY	\$ 39,000.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 39,000.00

TOTAL (if last
page of this
schedule) \$ 39,000.00

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Page 1 of 1
(for Schedule E)